

**LETTER TO HOUSEHOLDS
NOTIFICATION OF SELECTION
FOR VERIFICATION OF ELIGIBILITY**

Student's Name

School

Date

IMPORTANT: YOU MUST ANSWER THIS LETTER

Dear _____:

If you do not reply to this letter, your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact _____ (official's name) by _____ (date).

Your child's application has been selected as part of a review to make sure only eligible students receive free or reduced price meal benefits.

You must send **either** (1) papers that show that you get food assistance or FIP/TANF for you child **or** (2) the name and social security number of each adult household member on the enclosed sheet **and** papers that document your household's income for any point in time between the month prior to your application and now.

We have enclosed information that show the kinds of papers that you may use to prove that you now get food stamps or FIP/TANF for your child or to show your household's income. If possible, do not send original papers. If you do send original documents, they will be sent back to you only if you ask.

If you do not send information that proves your child is eligible to receive free or reduced price meal benefits by (the date above), these meal benefits will be stopped.

If you have any questions or if you need any help, please call _____ (name) at _____ (phone number). If you do not hear from us by _____ (date), free or reduced price meals will continue without change.

Thank you for your cooperation in this matter.

Sincerely,

Enclosures: (Verification Information for Free and Reduced Price Meals—Prototype IV)
(Form for Social Security Numbers—Prototype V)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

VERIFICATION INFORMATION FOR FREE AND REDUCED PRICE MEALS

FOOD STAMP/TANF/FIP HOUSEHOLDS: If you get food stamps or FIP/TANF for your child, you only have to send something that shows your household is now getting them. No other information is required. This can be:

- + Food stamp or FIP/TANF certification notice showing the beginning and ending dates of the certification period
- + Letter from the food stamp or welfare office stating that you now get food stamps or TANF or FIP.
- + ATP Card (authorization to participate)

If your child was approved for free meals because you put a food stamp or FIP/TANF case number on your child's application, but you no longer get food stamps or FIP/TANF for your child and want to continue benefits: (1) make out another application with income information for everyone in your household, (2) write the name and the social security number of each adult household member on the application or on another piece of paper, and (3) send pay stubs or other papers that show your current income.

HOUSEHOLDS THAT DO NOT GET FOOD STAMPS OR FIP/TANF: If you do not get food stamps or FIP/TANF for your child, (1) write the name and social security number for each adult household member on the enclosed sheet (Prototype V), and (2) send copies of information or papers that show your household's current income. Current income is the amount of money your household received last month.

The papers you send in must show: (1) the amount of the income received, (2) the name of the person who received it, (3) the date the income was received, and (4) how often the income is received.

To show the amount of money your household received last month, send copies of the following:

- + **Earning/wages/salary for each job:**
 - Current paycheck stub that shows how often it is received
 - Current pay envelope that shows how often it is received
 - Letter from employer stating gross wages paid and how often they are paid
 - Business or farming papers, such as ledger or tax books
- + **Social security/pensions/retirement:**
 - Social security retirement benefit letter
 - Statement of benefits received
 - Pension award notice
- + **Unemployment compensation/disability or worker's compensation:**
 - Notice of eligibility from State employment security office
 - Check stub
 - Letter from worker's compensation
- + **Welfare payments:**
 - Benefit letter from welfare agency
- + **Child support/alimony:**
 - Court decree, agreement, or copies of checks received
- + **All other income:** If you have other forms of income (such as rental income) send information or papers that show the amount of income received, how often it is received, and the date received.
- + **No income:** If you have no income, send a brief note explaining how you provide food, clothing, and housing for your household, and when you expect an income.

If you have questions or need assistance, please call (Name) _____ at (Phone Number) _____.

SOCIAL SECURITY NUMBERS

If you do not show that you now get food stamps or FIP/TANF for your child, send in (1) papers that show your current household income and (2) the name and social security number of each adult household member in the spaces below. Write the word "none" if an adult household member does not have a social security number. *

Names of Adult Household Members**Social Security Numbers**

1. _____

____ / / - / - / / / /

2. _____

____ / / - / - / / / /

3. _____

____ / / - / - / / / /

4. _____

____ / / - / - / / / /

5. _____

____ / / - / - / / / /

6. _____

____ / / - / - / / / /

*Privacy Act Statement: Unless you list the child's food stamp, FIP or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the form or indicate that the household member signing the form does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the form does not have a social security, we cannot approve the form. The social security number may be used to identify the household member in verifying the correctness of information stated on the form. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF/FIP office to determine current certification for food stamps, TANF/FIP benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The social security number may also be disclosed to programs as authorized under the National School Lunch Act and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain Federal, State and local education, health and nutrition programs.

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR INCOME HOUSEHOLDS

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting (10 calendar days from the date sent) your child(ren)'s eligibility for meal benefits will be:

_____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is _____ cents for lunch and _____ cents for breakfast and _____ cents for snack (if available). You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size changes.

_____ Stopped for the following reason(s):

_____ Your income is over the allowable amount for free or reduced price meals.

_____ Records show that you are not receiving Food Stamps, TANF/FIP at this time.

_____ You did not provide proof of current eligibility. The following information is missing: _____

Starting immediately your child(ren)'s eligibility for meal benefits will be:

_____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size changes.

If you are not eligible for benefits now but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: _____ (verifying official). You also have the right to a fair hearing. If you request a hearing by _____ (date), your child(ren) will continue to receive (free or reduced price meals) until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____

Address: _____

Telephone number: _____

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LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION FOR FOOD STAMP OR FIP/TANF HOUSEHOLDS

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

Available records show that your household is not getting food stamps or FIP/TANF at this time.

To continue benefits for your child:

- (1) complete a new application with income information,
- (2) write the name and social security number of each adult household member on the enclosed sheet of paper (Prototype V), and
- (3) send in pay stubs or other papers that show your household's current income.

Your child's free meal benefits will be stopped on (insert 10 days from date sent) unless we receive this information. Any continued free or reduced price meals will depend on your current household income.

If you do not agree with the decision, you may discuss it with (_____ name _____) by calling (_____ phone number _____).

You also have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone: _____

If you request a hearing by (insert 10 days from the date sent) your child will continue to receive free meals until the decision of the hearing official is made.

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits.

Sincerely,

Enclosures: (Verification Information for Free and Reduced Price Meals—Prototype IV)
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SAMPLE NOTIFICATION FORM

Dear _____:

Your application for free and reduced price meals for your child(ren) has been:

☐ Approved for free meals.☐ Approved for free meals based on Direct Certification.☐ Approved for reduced price meals:
_____ for lunch _____ for breakfast _____ for snacks.☐ Denied for the following reason(s):☐ () Income over the allowable amount.☐ () Incomplete application.☐ () Other: _____.

If you do not agree with the decision, you may discuss it with the school. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

NAME _____

ADDRESS _____

PHONE _____

If your child is approved for meal benefits, you must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.

You may reapply for benefits at any time during the school year. If you are not eligible now but have a decrease in household income, become unemployed, or have an increase in family size, fill out an application at that time.

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Sincerely,

(NAME)_____
(TITLE)

Prototype (Re-type inserting local information as appropriate)**Application for Waiver of Confidentiality**

Optional: You do not have to complete this page to get free or reduced price school meals.

Dear Parent/Guardian:

If your child(ren) qualifies for free or reduced price meals, you may also be eligible for other benefits. One of these benefits is school fees. Applications for a student fee waiver can be obtained from the school. Please check any of the boxes below if you would like to waive confidentiality to receive information for any of the benefits listed below.

Health Insurance ☐ Yes. I want information on health insurance for my child(ren). School personnel may release my child(ren)'s free and reduced price meal eligibility status to school health or community health personnel working directly with Medicaid and *hawk-i*. **This release of information is not an application to receive health insurance benefits.**

Example 1:

_____ ☐ Yes. School officials may release my child(ren)'s free and
(Name of local program)
reduced price meal eligibility status to _____ officials to determine eligibility for
(Name of organization)
this program. This program provides _____.
(Insert description)

Example 2:

_____ ☐ Yes. School officials may release my child(ren)'s free and
(Name of local program)
reduced price meal eligibility status and my name and address to _____
(Name of organization)
for informational purposes. The organization may send me information about their program.

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child(ren). I give up my rights to confidentiality for the above marked purposes only. This authorization is in effect for one year. I understand that I may revoke this release in writing at any time.

I certify that I am the parent/guardian of the child(ren) for whom application is being made.

Signature of
Parent/guardian _____

Address: _____

Date _____

Phone number: _____